

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | MAB | | 05-11-01 |
| O.I.P.E. CLASSIFIER | | 18 | 5-31-61 |
| FORMALITY REVIEW | MBS | 954 | 7/9/01 |
| RESPONSE FORMALITY REVIEW | YPL | 1030 | 10-12-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------|---------|
| Final | 7/26/01 |
| Original | 4/7/01 |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

27
10-12-01

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Best Available Copy